MEDICINE TODAY

Current comment on medical progress, discussion of selected topics from recent books or periodic literature, by contributing members.

Urology

Treatment of Carcinoma of the Prostate.—During the past twenty years much work has been done, and a great amount of literature has accumulated on the treatment of carcinoma of the prostate. Nevertheless no satisfactory radical treatment has yet been devised. Various methods are recommended by different authors, varying from the ultraconservative, who believes that any treatment is the wrong treatment, to the one who advises the combined use of surgery, radium, x-ray, and electric coagulation. Regardless of the treatment, the results are far from satisfactory, no one claiming more than 4 or 5 per cent of cures. This discouraging state of affairs is attributable to the insidiousness of prostatic carcinoma. When the physician first sees the case the disease has usually progressed so far that it is incurable. For this reason routine rectal palpation of the prostate should be a part of every physical examination of men of fifty or over.[1] Inasmuch as the carcinoma nearly always begins in the posterior lobe, which is in contact with the rectal wall, such a routine examination will reveal the stony hardness and nodules of a beginning malignancy, and will lead to an early diagnosis in a larger number of cases.[2] The fact that most prostatic carcinomata are slow growing and metastasize late,[3] makes us optimistic regarding the future results of its treatment when earlier recognition will have brought more cases under earlier treatment.

For many years Young advocated a radical perineal operation for carcinoma of the prostate, in which he removes the seminal vesicles, bladder neck, and most of the trigone, with the prostate. He has done this on cases in which the involvement was not extensive, and reports that 62 per cent lived five years or more.[4] Morson of London advocates a similar radical removal by way of the suprapubic approach rather than through the perineum, and reports good results, although no statistics are given.[5] Radium is generally used in more advanced cases which are inoperable, and is applied either by means of needles through the perineum or rectum, with the cystoscope or through a suprapubic opening directly into the gland; or by inserting the radium in the urethra or rectum. Barringer reports that 15 per cent of cases treated by radium lived more than three years,[6] and states that it is frequently necessary to do either a Punch operation or a cystostomy for relief of obstructive symptoms in cases treated in this way.[7] Deep x-ray therapy is a more recent addition to the armamentarium for treating prostatic carcinoma, but as yet has not proved to be exceptionally valuable.[8] Bumpus has reviewed one thousand cases of carcinoma of the prostate treated at the Mayo Clinic and found that the longest duration of life after instituting treatment was in cases upon which a simple cystostomy for palliative treatment was done. Prostatectomy, partial or complete, gave a longer duration of life than radium, and radium in turn a longer duration than those cases which were not treated.[9]

A résumé of the poor results obtained by any method of treating prostatic carcinoma only serves to emphasize more emphatically the great importance of the early diagnosis of this condition.

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REFERENCES

1. Barringer, B. S.: Carcinoma of the Prostate, Surg. Gynec. & Obst., 34:2, February, 1922.
2. Corbus, B. C., and O'Conor, V. J.: Cancer of the Prostate Treated by Perineal Prostatectomy with Thermo-Electric Coagulation, Surg. Gynec. & Obst., 39:818, December, 1924.
3. Young, H. H.: Practice of Urology, Vol. 1, p. 614, 1927 edition.
4. Young, H. H.: Practice of Urology, Vol. 1, p. 654, 1927 edition.
5. Morson, A. C.: Carcinoma of the Prostate, Lancet, 210:335, February 13, 1926.
6. Barringer, B. S.: Carcinoma of the Prostate and Bladder, The New England Jour. of Med., 198:117, March 8, 1928.
7. Barringer, B. S.: Phases of the Pathology, Diagnosis, and Treatment of Carcinoma of the Prostate: Bull. New York Acad. Med., 4:549, April, 1928.
8. Mann, L. T.: Results of X-Ray Therapy of Malignant Growths of Urinary Tract, Surg. Gynec. & Obst., 43:4, October, 1926.
9. Bumpus, H. C.: Carcinoma of the Prostate—A Clinical Study of One Thousand Cases, Surg. Gynec. & Obst., 43:150, August, 1926.

Bacteriology

Postscarlatinal Nephritis.—In many cases after apparent recovery from scarlet fever, acute afebrile glomerular nephritis develops about the third week. Longcope[1] could obtain no cultural evidence that this nephritis is due to an actual invasion of the kidney with viable streptococci, and suggests that the nephritis is probably caused by the absorption of toxic products from residual foci of infection in the upper respiratory tract. Duval[2] of the department of pathology of Tulane University, New Orleans, has recently obtained experimental evidence in support of this view.

Duval found that dogs, recovered from experimental inoculation with scarlatinal streptococci, have a distinct immunity to reinfection with the

living streptococci. These dogs, however, develop a severe and often fatal acute glomerulonephritis that is histologically identical with the afebrile postscarlatinal nephritis in man on subsequent injections with lytic products from streptococci. He believes that scarlatinal infection establishes a bactericidal or bacteriolytic immunity and that this increased bacteriolytic power acting on residual foci in the upper respiratory tract is the immediate cause of the kidney lesion.

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REFERENCES

1. Longcope, W. T., et al.: Jr. Clin. Invest., 1927, 5, 7.
2. Duval, C. W.: Proc. Soc. Exper. Biol. and Med., 1928, 25, 529.

Surgical Diathermy

Surgical Diathermy in Treatment of Cancer. Surgical diathermy in the treatment of malignancies has at the present time received but slight recognition from members of the profession. It is my purpose to emphasize the many advantages over other treatments secured by its use. The diathermy knife, which is a modified Bard-Parker handle carrying blades Nos. 10, 11, and 15, is connected with a good diathermy machine. This knife cuts as readily as the radio knife or cutting currents, and the skin flaps heal by first intention. With this electrode, the malignant growth can easily be dissected out bloodlessly, into healthy tissue. The regional lymphatics can also be removed from the neck or the axilla.

The control and technique is easier than with the cautery or radio knife, as this electrode works on the electrical principle, that "The current density varies in proportion to the square of the surface applied." A very small fraction of the current previously used is therefore required. Cutting down the volume of the current gives an easier control and a thinner coagulation along the severed edges. It is not necessary to use separate techniques for cutting and for coagulation as suggested in the use of the cutting currents, and a smaller fraction of the current is needed. A diathermy machine only is necessary for the operation.

Some of the advantages secured by the diathermy knife beside the simple and standardized technique, are: (1) steady regular heat; (2) in work near bone the periosteum need not be destroyed and the wound will heal much quicker; (3) dissection much closer to the malignancy will give less scarring; (4) because of the characteristic soft scar and saving of tissue, it is seldom necessary to do plastic work later; (5) regular surgical procedures can be carried out, as resection of rectum or a radical breast amputation, etc.; (6) no contamination of wound by forceps or sutures, causing a reinfection; (7) no postoperative shock; (8) no loss of blood; (9) no after-pain, as cut ends of severed nerves are seared over.

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Industrial Medicine

The Prophylaxis of Common Colds—The common cold has often been termed the "opprobrium" of the medical profession, and perhaps it has merited this unfavorable comment. Certainly no other malady in the experience of large industrial and mercantile groups is responsible for so much inefficiency, sickness, absenteeism, and loss of time and money. For example, during the years 1918 to 1922 inclusive, there were 15,502 cases of absenteeism in the Edison Electric Illuminating Company of Boston (2200 employees), of which, 5328, or 34 per cent, were cases of common colds. The aggregate loss of time occasioned by this minor type of disability was 16,983 working days or the equivalent of fifty-six years! In a large mercantile group situated in central California 30 per cent of the dispensary calls during 1926 were due to colds. Numerous similar experiences might be cited.

Many admirable research studies have been made on the subject of etiology of common colds, with the consideration of such factors as ventilation, humidity, exercise, clothing, climate, breathing habits, individual susceptibility, nose and throat pathology, diet, bacteriology and the like. The results have well been summed up in the following statement: there is no known specific cause, treatment or very efficient preventive for colds.

There has been within recent years, however, an attempt to secure some reliable data concerning the effects of vaccines as a prophylactic measure. A great deal of valuable work has been done in different countries by such men as Böttner, Gähwyler, Jordan, Palmer, Simey, Cecil, Von Sholly, and Park. The outcome of most such inquiries was the establishment of the fact that even when stock vaccines have been used, from 30 to 50 per cent of those receiving inoculations have been definitely improved.

Dochez recently made the following statement: "Prophylaxis remains the best method of control." The argument has been used that because we do not know the specific cause of the cold, we can have no specific prophylaxis and should therefore not employ empirical formulae. If we can secure from 30 to 50 per cent improvement, it would seem worth while, even admitting the nonspecificity.

Repplier and Leaman[1] worked with 125 employees of the Curtis Publishing Company of Philadelphia, finding that 30 per cent were immune from colds the following year after the completion of the prophylaxis, while 53 per cent were markedly improved. This left 17 per cent who